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Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_16380
Title of the Manuscript:	Providers' perception of quality of care and constraints to delivery of quality maternal health services in primary health centers of Southeast Nigeria
Type of the Article	Original Research Article

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This journal's peer review policy states that \underline{NO} manuscript should be rejected only on the basis of 'lack of Novelty', provided the manuscript is scientifically robust and technically sound.

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Title: revise so that reflects the essence of the study. It would appear to be a personal reflection of administrators and leaders (six heads of department of health and 18 officers-in-charge) of the challenges they face in provide quality maternal and child health care.	
	Abstract: will require revising, once the design and analysis issues are addressed. Conclusion – reads like recommendations, rather what has been gleaned from the study. Furthermore, the very nature of qualitative research approach would suggest that the distinct context of each health care centre is important considerations in applying the findings. The recommendations read like global statement applicable to any health care centre; instead consider the instrumental, symbolic and conceptual utility of the findings. See Sandelowski M. Using qualitative research. Qual Health Res. 2004;14:1366-1386.	
	Overall Comment: Philosophical underpinnings of Qualitative Research – disconnect exists between the philosophical tenets of the research approach and the use of language (e.g., variable) generally and ways in which results are presented. The manuscript reads more like a mixed-methods approach (i.e., quantitative and qualitative research approach combined). The writing style and information shared need to be consistent with the naturalist paradigm that guides qualitative descriptive method.	

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Introduction: is weak and does not support the research question and methodological approach. Furthermore, the use of the term provider is problematic as it suggests a health care provide in direct clinical practice. The key informants in the study, however, are leaders, and administrators. Thus, a better term should be used.

Second paragraph, first sentence is very long and information is misplaced (i.e., does not belong there).

Consider the MDG 4 and 5 and post-2015 development agenda to substantiate the need to provide quality care services. Is there literature on quality of care considering the views of the key informants you are interested in? Synthesize the literature identifying key gaps with reference to your context.

Materials and Methods: would suggest that you use the Consolidated criteria for reporting qualitative research (COREQ) to strengthen this manuscript.

Setting – the relevance of the information shared is not evident until the sample selection section. Combine the two. Please see comment about sample selection. Provide brief description of population seeking care in the centres.

Design – describe the overall methodological approach and how the study used this approach to address the research question.

Study Participants / Sample Selection – explain the relevance of the simple random sampling technique given the nature of the study design which is qualitative.



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Note: it is okay just need a rationale – e.g., capture diverse perspective. You indicate purposive sampling was use; however what specific attributes or characteristics were you looking form? Who completed the interviews? How many interviews per key informant? In what language?

Were field notes maintained?

Pre-tested in-depth-interview guide: in the abstract it is stated that "The providers were interviewed using a pre-tested in-depth-interview guide". Was the interview guide based on a conceptual framework? Why was it necessary to pre-test particularly given the fluid and flexible nature of the design? Include the interview-guide as an appendix and explain the basis of the guide.

Data-analysis – please explain "manual content analysis". What specific approach was used (e.g., generated codes, etc.). Provide a rationale for using predetermined themes and did these themes guide the development of interview tool? Were transcripts in English or another language? Did two independent reviewers analyse the data? What steps were followed to maintain rigor in analysis?

Results - The characteristics of key informants should be provided (e.g., education background, number of year in position, etc.).

The result section was a difficult read – flow of information and way in which findings shared. Organizing the data under key themes would be helpful (do not follow the format in the table with one heading and multiple subheading). Also, indicate source of quotes...should be evident that quotes are taken from a

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range of participants. Note: table cannot relate perceptions these have to be conveyed through interpretive information in the text. Would suggest that you delete the tables and instead convey the rich data under key themes from the tables. Interpret the data within the context of what is shared – explain the context and share the interpretation. Hope this makes sense.

The research question does not give the reader the impression that the intent of the study is to compare and contrast perspective between urban and rural settings. Would suggest that you look at the data as a collective and then include a separate section that details differences that are evident.

What constitutes "good results"? Only one shared "we see the smile". What are other outcomes? In the discussion explain the importance of the smile.

Discussion – should be grounded in the data and interpretations. For example, explain why administrators and leaders would place emphasis on health workers' attitude as an important strategy to improve quality of care? The second paragraph seems disjointed although I think this is what you are attempting. Draw from studies in Nigeria to support assertions and use studies from other low- and middle-income countries when you cannot find studies based in your setting/location.

Not sure how you are linking "incentives" with "social support" and "empathy" in care and "client satisfaction". The important point here is health care is becoming a competitive environment – facility versus traditional midwives delivered at home. Important to understand what would draw the clients to the health care facility. Is





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	quality of care an important determinant (i.e., supportive, client centred care)? Or is incentive (i.e., monetary reward) more important? The discussion should consider implications for practice, policy and research. At present, the focus is on identifying similarities in study findings and literature. Again, consider the paradigm of the research approach when refocusing the discussion. Explain the differences noted between urban and rural settings	
	Rigor and trustworthiness: a paragraph should be included that describes how rigor was maintained throughout the study, and strengths and limitations of the study.	
	Style: there are numerous typographical errors – e.g., placement of periods (before and after number reference; multiple commas, spacing before comma).	
Minor REVISION comments	Format: indicate source of quotes.	
Optional/General comments		

Reviewer Details:

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